

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND						
1 Date of Request: <u>6/11/05</u>		2 Serial/Patent # <u>10521,087</u>				
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT		
<input type="checkbox"/>	Filing			\$		
<input type="checkbox"/>	Amendment			\$		
<input type="checkbox"/>	Extension of Time			\$		
<input type="checkbox"/>	Notice of Appeal/Appeal			\$		
<input type="checkbox"/>	Petition			\$		
<input type="checkbox"/>	Issue			\$		
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$		
<input type="checkbox"/>	Maintenance			\$		
<input type="checkbox"/>	Assignment			\$		
<input checked="" type="checkbox"/>	Other			\$ 250.00		
		7 TOTAL AMOUNT OF REFUND	\$ 250.00			
8 TO BE REFUNDED BY:						
10 REASON:		Treasury Check				
<input type="checkbox"/>	Overpayment		Credit Deposit A/C #:			
<input type="checkbox"/>	Duplicate Payment		<u>9 23 -- 30 50</u>			
<input checked="" type="checkbox"/>	No Fee Due (Explanation):					
11 REFUND REQUESTED BY:						
TYPED/PRINTED NAME: <u>B. Campbell</u>			TITLE: _____			
SIGNATURE: <u>BdC</u>			Repln. Ref: 06/13/2005 BCAMPBEL 0015374408 DA#23 PHONE: _____ FC: 9204 Page/Number: 10521087 \$250.00 CR			
OFFICE: <u>PCT/DOIEO</u> ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****						
APPROVED: _____			DATE: _____			

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B